

General

Title

Stable coronary artery disease: percentage of patients who smoke with documentation in the medical record that advice to quit was provided and/or help to quit was provided.

Source(s)

Goblirsch G, Bershow S, Cummings K, Hayes R, Kokoszka M, Lu Y, Sanders D, Zarling K. Stable coronary artery disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May. 71 p. [98 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients age 18 years and older who smoke with documentation in the medical record that advice to quit was provided and/or help to quit was provided.

Rationale

The priority aim addressed by this measure is to increase the percentage of patients age 18 years and older with a diagnosis of stable coronary artery disease who receive education and an intervention for modifiable risk factors.

Modifiable risk factors for coronary heart disease need to be evaluated and may include smoking, inadequate physical activity, depression, hyperlipidemia, obesity, hypertension and diabetes mellitus. Intervention involving any risk factor pertinent to the patient is encouraged and may include education, goal setting, and follow-up as necessary. For all patients, lifestyle modification, including exercise,

smoking cessation, achieving and maintaining ideal body weight, and proven risk factor reduction will continue to be the focus of primary and secondary cardiovascular disease prevention.

Cigarette smoking may cause an acute cardiac ischemic event and may interfere with the efficacy of medications to relieve angina.

Evidence for Rationale

Boden WE, O'Rourke RA, Teo KK, Hartigan PM, Maron DJ, Kostuk WJ, Knudtson M, Dada M, Casperson P, Harris CL, Chaitman BR, Shaw L, Gosselin G, Nawaz S, Title LM, Gau G, Blaustein AS, Booth DC, Bates ER, Spertus JA, Berman DS, Mancini GB, Weintraub WS. Optimal medical therapy with or without PCI for stable coronary disease. N Engl J Med. 2007 Apr 12;356(15):1503-16. [46 references] [PubMed](#)

Goblirsch G, Bershow S, Cummings K, Hayes R, Kokoszka M, Lu Y, Sanders D, Zarling K. Stable coronary artery disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May. 71 p. [98 references]

Rutherford JD, Braunwald E. Chronic ischemic. In: Heart disease. 4th ed. W.B. Saunders; 1992. 1292-317 p.

Shub C. Stable angina pectoris: 1. Clinical patterns. Mayo Clin Proc. 1990 Feb;65(2):233-42. [46 references] [PubMed](#)

Primary Health Components

Stable coronary artery disease; smoking cessation

Denominator Description

Number of stable coronary artery disease patients and smokers (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of stable coronary artery disease patients and smokers who received advice to quit and/or help to quit was provided

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

National Guideline Clearinghouse Link

Stable coronary artery disease.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The time frame pertaining to data collection is monthly.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of stable coronary artery disease patients and smokers

Population Definition: All patients age 18 years and older with stable coronary artery disease diagnosis and smokers.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of stable coronary artery disease patients and smokers who received advice to quit and/or help to quit was provided

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of patients who smoke with documentation in the medical record that advice to quit was provided and/or help to quit was provided.

Measure Collection Name

Stable Coronary Artery Disease

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: Greg Goblirsch, MD (*Work Group Leader*) (River Falls Clinic) (Family Medicine); Spencer Bershow, MD (Fairview Health Services) (Family Medicine); Yun Lu, PharmD, MS (Hennepin County Medical Center) (Pharmacy); Kathy Zarling, RN, MS, CNS (Mayo Clinic) (Nursing); Marek Kokoszka, MD (Park Nicollet Health Services) (Cardiology); Debra M. Sanders, RD (River Falls Medical Clinic) (Dietetics); Kathy Cummings, RN, BSN, MA (Institute for Clinical Systems Improvement [ICSI]) (Project Manager); Rochelle Hayes, BS (ICSI) (Systems Improvement Coordinator)

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Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

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Disclosure of Potential Conflicts of Interest

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Guideline Related Activities: None
Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None
Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None
Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 May

Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Stable coronary artery disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Apr. 58 p.

The measure developer reaffirmed the currency of this measure in January 2016.

Measure Availability

Source available for purchase from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

. Also available to ICSI members for free at the [ICSI Web site](#)

and to Minnesota health care organizations free by request at the [ICSI Web site](#)

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For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: www.icsi.org ; E-mail: icsi.info@icsi.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on October 29, 2012.

This NQMC summary was updated by ECRI Institute on January 20, 2014.

The information was reaffirmed by the measure developer on January 13, 2016.

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Production

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